

HEALTH CARE

(Mr. FLAKE asked and was given permission to address the House for 1 minute.)

Mr. FLAKE. Mr. Speaker, there is much we don't know about the health care legislation being developed behind closed doors somewhere here in the Capitol. But this much we do know: the promises being made that this legislation won't add a dime to the deficit just don't hold water. Any characterization of this legislation as being deficit neutral is based on an assumption that we will obtain significant savings from Medicare, that we will somehow over the next 10 years summon up the courage to tell seniors that the benefits they currently are receiving are too lavish, and that they will need to sacrifice some of their current coverage to pay for those who don't currently have coverage.

Mr. Speaker, this type of courage doesn't reside with this Congress. We recently passed legislation to shield high-income seniors from a slight increase in Medicare part B premiums. If we have to shield seniors who make more than \$170,000 annually from paying another \$20 monthly, how are we going to find \$500 billion in savings from Medicare over the next 10 years? It simply doesn't add up.

WHERE ARE THE JOBS?

(Mr. LoBIONDO asked and was given permission to address the House for 1 minute.)

Mr. LoBIONDO. Mr. Speaker, the people in the 2nd Congressional District of New Jersey are asking, Where are the jobs? They have watched as this Congress has passed bailouts for AIG, for GM and for Chrysler. They watched as this Congress passed a huge bailout for Wall Street, and then followed up with a stimulus bill that had very little thought and that isn't providing the jobs for our citizens. They are not too big to fail, so they are not getting help.

The unemployment rate nationally is about 9.8 percent. In most of my district, it is at least a couple of points higher than that. People are struggling. People want to understand when are we going to get spending under control, and when are we going to understand that we should pay attention to the real people, the people who have their connection to the real world, not the people who are connected to Wall Street, not the people who are getting multimillion dollar bonuses after running companies into the ground, but the people who are just trying to make America go.

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(Mr. KIRK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIRK. Mr. Speaker, the rule of medicine is do no harm, and the rule

here in the House of Representatives should be to build on the success of some of our States.

What are the Republican ideas for medical care reform? First, the Medical Rights Act, which says Congress should make no law interfering with decisions that you have made with your doctor.

Secondly, no reform is serious unless it has lawsuit reform in the United States.

And third, you should be given a right as an American to buy coverage from any State in the Union if you find a plan that is less expensive or more flexible for yourself or for your business.

We should avoid the mistakes of some States and repeat the successes of others. The smoking hole of health insurance in the United States is the State of New Jersey. No lawsuit reform, incredible administrative burden, it costs \$5,500 a patient to insure someone in New Jersey. The best State in the country, California, where they have cut their costs to half of the New Jersey rate, but they have rock and rolling lawsuit reform in their State. What we should do is not pass the bill that is coming up next week, a \$400 billion tax increase in the teeth of the Great Recession and a \$400 billion cut for Medicare.

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(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. Mr. Speaker, many Kansans ask if health care reform will allow them the choices of options that Members of Congress and other Federal employees enjoy under the Federal Employees Health Benefits Program. That is a good question.

I sponsored legislation calling for Members of Congress who support a government-run health plan to automatically enroll in the soon-to-be-created public plan. In some of the health care bills crafted by Congress, Members of Congress have been exempt from participation. I am concerned that expansion of government-run health care will lead to rationing of care and higher taxes. If Members of Congress are so convinced the public government-run option will deliver quality, affordable care, then Members of Congress should be willing to enroll right alongside with the American people. Congress should not have a better health care plan than they are willing to provide the American people, especially since the American people are paying for both.

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(Mr. MICA asked and was given permission to address the House for 1 minute.)

Mr. MICA. Mr. Speaker, there is quite a bit of talk right now about the spread of the H1N1 virus, but I want to

talk about amnesia in Washington. You might recall on September 12, hundreds of thousands of Americans from every State and every locality, community, converged upon Washington, and they left us some messages. And sometimes the people in Washington have forgotten those messages. One they left to me and the Congress in a petition was: serve us honorably and responsibly. They demand no more taxes. Stop spending our money. Exercise our freedoms; you will not take them away. Halt the dismantling of America. First, say "no" to cap-and-trade; second, say "no" to government-run health care.

Members, unfortunately, have amnesia around here. But I just wanted to bring forward the petition the people brought me from north central and really all of Florida petitioning their government: no government-run health care.

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(Mr. HUNTER asked and was given permission to address the House for 1 minute.)

Mr. HUNTER. This is an interesting debate about health care. The interesting thing about this is that Congress could fix it. We could increase portability. We could make it so there aren't any more frivolous lawsuits. We could make it so there is more access, so it is cheaper, and there are more tax incentives for health care. But we aren't doing that.

What we have with health care in this country is a leaky faucet, and liberal Democrats want to tear down the entire house for that one leaky faucet. We could fix the faucet without a 1,200-page bill that is so complex that 90 percent of the American people can't understand it.

We could fix health care and do it responsibly, and we could do it gradually. Unfortunately, it looks like we will be voting to tear down the entire house. I say we just fix the leaky faucet, reform health insurance in this country, and fix things one at a time.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore (Mr. CUMMINGS). Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to instruct on H.R. 2996, by the yeas and nays;

Motion to suspend on H.R. 2489, by the yeas and nays;

Motion to suspend on H. Res. 854, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.